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APPLICATION FOR CREDIT

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

YEAR ESTABLISHED: _____ NAME OF PARENT CO.: _____

CONTACT FOR A/P: _____ A/P PHONE #: _____

FAX FOR A/P: _____ E-MAIL FOR A/P: _____

FEDERAL ID NUMBER: _____ PARENT COMPANY E-MAIL: _____

REFERENCES: (LIST ONLY THOSE WITH WHOM YOU HAVE AN OPEN ACCOUNT)

(1) NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE: (_____) _____ FAX#: (_____) _____

(2) NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX#: _____

(3) NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX#: _____

BANK INFORMATION:

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ CHECKING ACCT#: _____

CREDIT APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO PROCESS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO CUSTOMER AND ORDER WILL REQUIRE PREPAYMENT.

APPLICANT SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES ACCORDING TO OUR TERMS OF NET 30 DAYS. IF THIS ACCOUNT IS NOT PAID AS AGREED A DELINQUENCY CHARGE SHALL BE COMPUTED AT THE RATE OF 18% PER ANNUM ON THE UNPAID BALANCE.

SIGNED: _____ DATE: _____

NAME: _____ TITLE: _____